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Bib Data Sheet

CONFIRMATION NO. 5624

SERIAL NUMBER 10/716,510	FILING DATE 11/20/2003  RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. P69265US0
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/147,666 05/17/2002 PAT 6,855,098

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	VA	10	20/14	4/0
Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

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## TITLE

Low-resistance exercise and rehabilitation chair

FILING FEE  RECEIVED 693	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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